Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-011002
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2614

1. PLACE OF DEATH
a. COUNTY ~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4837-PENROSE-ST. — Length of stay in 1b: LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI. b. COUNTY: ~
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4837-PENROSE-ST. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First HENRY — Middle ALOYSIUS — Last HEIDEMANN

4. DATE OF DEATH: Month MAR. — Day 13TH — Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JAN. 8TH 1883

9. AGE (In years last birthday): 76 YRS. — IF UNDER 1 YEAR: Months ____ Days ____ — IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAFFIC-MANAGER

10b. KIND OF BUSINESS OR INDUSTRY: CUPPLES-HESSE-CO

11. BIRTHPLACE (City and state or country): ST. LOUIS - MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN-H-HEIDEMANN

13b. MOTHER'S MAIDEN NAME: THERESA-BROCKMANN

14. NAME OF HUSBAND OR WIFE: CLARA-A.-HEIDEMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD-WAR #1.

16. SOCIAL SECURITY NO.: 494-09-4466

17. INFORMANT Address: CLARA-A. HEIDEMANN - 4837-PENROSE-ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cancer-Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH: One Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~
DUE TO (c): 18,0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour ____ a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 22 '58 to March 13 '59 and last saw her/him alive on Mar 12, '59
Death occurred at 4837 Penrose 8:17 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. J. Murphy M.D.

22b. ADDRESS: 4143 N. Newstead

22c. DATE SIGNED: 3/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MAR. 16TH 1959

23c. NAME OF CEMETERY OR CREMATORY: CALVARY-CEMETERY

23d. LOCATION (City, town, or county): ST. LOUIS (State): MO.

24. FUNERAL DIRECTOR ADDRESS: Brockland Und. Co. 1827-HOGAN-ST.

25. DATE RECD. BY LOCAL REG.: MAR 14 59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ettore Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.